

Cluness (W. R.)

AN ADDRESS

Delivered at the Opening of the Twenty-first Annual Meeting
of the Medical Society of the State of
California, April, 1891.

BY

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SACRAMENTO, CALIFORNIA:

[Reprinted from the OCCIDENTAL MEDICAL TIMES, May, 1891.]

Table A.—Commissions on Prescriptions.

CITY.	Is such a practice known or suspected among you as commissions paid by apothecaries to physicians on their prescriptions?	If so (1) how general is it, and (2) what per cent. do you suppose is paid?	Has your local Medical Society dealt with this matter?	If so, what action? What result?
Birmingham.....	Ala. Suspected	1. Only one instance. 2. Unknown	No	Not done by members of Medical Society.
Mobile.....	Suspected	1. Very limited. 2. Not stated	No	
Hot Springs.....	Ark. Suspected	1. About one-half. 2. 25 to 50 per cent	No	Only case in ten years. Resolutions. No result.
Alameda.....	Cal. Suspected	1. Two only suspected. 2. No answer	No	
Los Angeles.....	Suspected	1. Very limited. 2. No answer	No	No result; too many involved.
Marysville.....	Suspected	1. One apothecary. 2. Not stated	No	
Oakland.....	"	1. No estimate. 2. 50 to 50 per cent	No	No action needed.
Sacramento.....	"	1. Not stated. 2. One pays one-third	No	
San Diego.....	"	1. One-third to one-half physicians. 2. 35 to 75 per cent	No	No action needed.
San Francisco.....	"	1. Unknown. 2. 20 to 40 per cent	No	
Santa Barbara.....	"	1. Not general. 2. Unknown	No	No action needed.
Stockton.....	"	1. Suspected of two only. 2. Unknown	No	
Denver.....	Col. Suspected	1. Rare. 2. Unknown	No	No action needed.
Pueblo.....	"	1. Not stated. 2. Generally office rent	No	
Bridgeport.....	Conn. Suspected	1. Not general. 2. Unknown	No	No action needed.
Columbus.....	Cal. Suspected	1. Not general. 2. Unknown	No	
Aurora.....	Ill. Suspected	1. Two or four M. Ds. 2. 10 per cent	No	No action needed.
Chicago.....	"	1. Common. 2. As high as 25 per cent	No	
Decatur.....	"	1. Two or three instances. 2. Not stated	No	No action needed.
Elgin.....	"	1. Only by older M. Ds. 2. 25 per cent	No	
Evansville.....	Ind. Suspected	1. About two per cent of druggists. 2. Unknown	No	No action needed.
Fort Wayne.....	"	1. No answer. 2. 10 per cent	No	
Indianapolis.....	"	1. Not general. 2. Unknown	No	No action needed.
Jeffersonville.....	"	1. Three or four of 35 M. Ds. 2. 10 to 25 per cent	No	
Logansport.....	"	1. Unknown. 2. 35 per cent	No	No action needed.
Cedar Rapids.....	Iowa Suspected	1. Less than former. 2. 5 per cent	No	
Des Moines.....	"	1. Not general. 2. About 10 per cent	No	No action needed.
Emporia.....	Kan. Suspected	1. Only one M. D. one druggist. 2. 10 per cent	No	
Ottawa.....	"	1. About one-third. 2. Not stated	No	No action needed.
Wellington.....	"	1. Very limited. 2. Unknown	No	
Lexington.....	Ky. Suspected	1. Three M. Ds. 2. Unknown	No	No action needed.
Newport.....	"	1. Very limited. 2. Unknown	No	
New Orleans.....	La. Suspected	1. One druggist of 20. 2. No answer	No	No action needed.
Biddeford.....	Me. Suspected	1. Not general. 2. Six to 10 per cent	No	
Boston.....	Mass. Suspected	1. Most druggists. 2. No answer	No	No action needed.
North Adams.....	"	1. Very limited. 2. Unknown	No	
Waltham.....	Mich. Suspected	1. Not general. 2. Unknown	No	No action needed.
Saginaw.....	"	1. Less than one M. D. in ten. 2. 15 to 25 per cent	No	
Brainard.....	Minn. Suspected only	1. No answer. 2. About 20 per cent	No	No action needed.
Minneapolis.....	"	1. Only a few. 2. 20 to 25 per cent; some take whisky	No	
Red Wing.....	"	1. Only one case heard of. 2. No answer	No	No action needed.
St. Paul.....	"	1. Very limited. 2. 10 to 50 per cent	No	
Hannibal.....	Mo. Suspected	1. Majority get office rent. 2. 25 per cent	No	No action needed.
Nevada.....	"	1. Confined to mongrel practitioners. 2. 25 to 50 per cent	No	
St. Louis.....	"	1. Two of the five physicians. 2. Unknown	No	No action needed.
Sedalia.....	"	1. Not common. 2. No answer	No	
Grand Island City.....	Neb. Suspected	1. Not general. 2. 10 per cent	No	No action needed.
Lexington.....	"	1. Four-fifths of M. Ds. 2. 20 per cent	No	
Lincoln.....	"	1. Very general. 2. 10 to 35 per cent	No	No action needed.
Omaha.....	"	1. Not general. 2. 10 to 15 per cent	No	
Manchester.....	N. H. Suspected	1. Very general. 2. 10 to 20 per cent	No	No action needed.
Nashua.....	"	1. Not general. 2. 10 to 20 per cent	No	
Camden.....	N. J. Suspected	1. Unknown. 2. 10 to 15 per cent	No	No action needed.
Newark.....	"	1. Not general. 2. 10 to 15 per cent	No	
Paterson.....	"	1. Scarcely at all. 2. No answer	No	No action needed.
Trenton.....	"	1. Prevalent. 2. About 10 per cent	No	
Albuquerque.....	N. M. Suspected	1. Almost ceased. 2. About 25 per cent	No	No action needed.
Brooklyn.....	"	1. Not general. 2. 20 per cent	No	
Buffalo.....	N. Y. Suspected	1. Unknown. 2. 20 per cent	No	No action needed.
Cohoes.....	"	1. Not general. 2. Presents rather than commissions	No	
Elmira.....	"	1. No answer. 2. 10 to 20 per cent	No	No action needed.
Jamestown.....	"	1. Limited. 2. Unknown	No	
Middletown.....	"	1. Less than formerly. 2. 10 to 25 per cent	No	No action needed.
New York.....	"	1. Unknown. 2. Answer indefinite	No	
Ogdenburg.....	"	1. Not general. 2. Unknown	No	No action needed.
Poughkeepsie.....	"	1. Very limited. 2. Very small	No	
Rochester.....	"	1. Not general. 2. 25 to 50 per cent	No	No action needed.
Watertown.....	"	1. Limited. 2. 10 to 20 per cent	No	
Ashville.....	N. C. Suspected	1. A few disreputable men. 2. 20 to 33 per cent	No	No action needed.
Gaston.....	Ohio Suspected	1. Not general. 2. Unknown	No	
Cincinnati.....	"	1. Confined to quacks. 2. No answer	No	No action needed.
Cleveland.....	"	1. Not general. 2. 10 per cent	No	
Columbus.....	"	1. One case only. 2. No answer	No	No action needed.
Delaware.....	"	1. Four or five M. Ds. 2. No answer	No	
Hamilton.....	"	1. No definite answer. 2. About extinct	No	No action needed.
Lancaster.....	"	1. Diminishing. 2. Indistinct	No	
Lima.....	"	1. Only one druggist known. 2. 20 per cent	No	No action needed.
Manchester.....	"	1. Confined to a few. 2. 25 per cent	No	
Toledo.....	"	1. Discontinued; once paid	No	No action needed.
Zanesville.....	Or. Formerly	1. No particulars	No	
East Portland.....	"	1. Not stated. 2. Presumed 12 per cent	No	No action needed.
Portland.....	Pa. Suspected	1. Not general. 2. Unknown	No	
Alleghany.....	"	1. Not general. 2. 12 to 20 per cent	No	No action needed.
Carlisle.....	"	1. Not general. 2. 20 per cent	No	
Danville.....	"	1. About five per cent. 2. About 15 per cent	No	No action needed.
Lancaster.....	"	1. Limited to a few. 2. Unknown	No	
Newcastle.....	"	1. One of eighteen suspected. 2. Unknown	No	No action needed.
Oil City.....	"	1. Confined to a few. 2. 10 per cent	No	
Pittsburg.....	"	1. Unknown. 2. 10 per cent	No	No action needed.
Seranton.....	"	1. To limited extent. 2. No answer	No	
Titusville.....	"	1. Ten per cent of physicians. 2. 10 to 20 per cent	No	No action needed.
Wilkesbarre.....	R. I. Suspected	1. Confined to quacks and one Mormon. 2. 10 per cent	No	
Providence.....	S. C. Suspected	1. Answer illegible	No	No action needed.
San Antonio.....	Texas Suspected	1. Only one case known. 2. 25 per cent	No	
Salt Lake City.....	Utah Suspected	1. Limited. 2. 20 to 50 per cent	No	No action needed.
Rutland.....	Vt. Suspected	1. One M. D. only. 2. No answer	No	
Seattle.....	Wash. Suspected	1. General custom. 2. No answer	No	No action needed.
Tacoma.....	"	1. No answer. 2. 50 per cent	No	
Chippewa Falls.....	Wis. Suspected		No	No action needed.
Milwaukee.....	"		No	
Racine.....	"		No	No action needed.
Cheyenne.....	Wyo. Suspected		No	

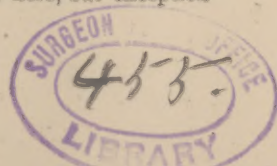
AN ADDRESS,

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By W. R. CLUNESS, M. D., President, Sacramento.

Fellow Members of the Medical Society of the State of California: I deem it appropriate at the outset of the address, which custom and our regulations require of the presiding officer, to remark that this is the twenty-first anniversary of the organization. We have, therefore, the right to congratulate ourselves on a maturity of years, which warrants increased confidence in our corporate strength, in our capacity for public usefulness and for mutual support, and in our hope for popular appreciation as a factor in human progress. This fact carries no newly acquired rights, no additional claims to recognition; it is only the beginning of a new era, which may or may not be distinguished by some event or accomplishment of signal interest or influence to the physicians of California. What this may be, to what extent it may operate, or whether it may become in anywise manifest at the present meeting, I shall not undertake to predict. Time alone can demonstrate.

Before coming to the main subject, I desire to call your attention to a point in our internal regulations, which ought to be definitely settled at this meeting; that is, the question whether membership in a local or county medical society, where such society exists, is an indispensable requisite to acquire or to retain membership in our State Society. This has generally been accepted in the affirmative, for the following reasons: (1) The local society is much more competent to judge the physician's professional and social standing than the State Society; and, (2) It is the duty of physicians, especially in the less populous counties, to assist in keeping alive a local organization. To aid in reaching a reasonable conclusion the principal permanent officers of the American Medical Association have been asked to define the requisite qualifications for membership in that body. The concurrent testimony shows clearly that membership in some medical body, local or State, or both, is indispensable; and it is to be presumed that the object is to have a guarantee of the candidate's professional and personal standing at home, among those who know him best. The same rule should govern here; but exception



must be made in favor of a few sparsely populated counties, where it is found impracticable to maintain a local organization.

With these preliminary remarks I now invite your attention to a subject which I deem worthy of your serious consideration, in the hope that present discussion and future deliberation elsewhere may lead to the eventual solution of problems, which I confess myself at present, unable to compass.

The Obligations and Derelictions of Medical Practitioners to Professional Character.

Is the practice of medicine a profession or a trade? To this I assume that all regular physicians will give the same answer, though they may not agree upon definition of the terms. Here, then, is the important point at issue, and a few words are appropriate in its elucidation. What is the distinction? The code of ethics of the American Medical Association and the Hippocratic oath throw some light upon the subject. The Golden Rule is more conspicuous in a profession than in a trade; but let us look further.

Before the decadence of the French nobility, the dictum *noblesse oblige* was a pledge to honorable conduct. We have no such motto, but most of us feel an inward prompting to habitual acts of beneficence. The universal brotherhood of mankind finds more recognition amongst us than with any other calling, for our services are rendered to all classes and conditions of men. From time immemorial the poor in their sickness have asked relief at our hands, and their calls have been heard; the highest of the land give us their confidence, and it is not betrayed; victims of their own misconduct come to us in their troubles and we are often sorely tried in deciding upon the right course between conflicting claims. At all events confidence must not be violated, and the service required must be rendered, provided it involves no infraction of law and public interests. These considerations rise above personal comfort, and money often makes no figure in the transaction. Surely these are not trade dealings. Since we hold, then, that medicine is not a trade but a profession, it follows that physicians must refrain from the artifices usually resorted to in commercial pursuits to secure and to increase business; that they must be known by their works and not by their words; that they must not cheapen their services in order to compete with others, however much they may abate fees as a concession to poverty and distress; above all, they must not resort to deception and fraud to increase their gains. It has not been my purpose to dwell upon this part of the subject, but rather leave it to

your enlightened sense to supply all particulars after a few general remarks.

As to the derelictions, it was my original intention to deal only with two, which are believed to be rather common in our large towns and cities. In order to investigate them thoroughly, and speak with some degree of certainty, I have prepared and sent out nearly one thousand circulars of inquiry. Of these, nearly 50 per cent. have been returned, and the accompanying tables, together with the list of places where commissions on physicians prescriptions and society practice are reported not to prevail, have been compiled from a careful analysis of the replies. In the circular these practices are styled "reprehensible and avoidable business dealings," and I have been gratified to find an almost universal concurrence in their condemnation, a general wish that this effort might conduce to their abatement, and a frequent request for advice upon a plan to break up the abuse of "society practice." But I have found it incumbent upon me to enlarge the scope of this exposition, as a large number of correspondents have called attention to other derelictions, and I shall here quote some of the statements made in connection with the various practices in question.

Percentages on Prescriptions.

The practice of paying a commission to physicians by apothecaries is, of course, rather presumptive than capable of actual proof, and this is plainly shown by the table; but there can be no reasonable doubt that it is even more prevalent than the returns indicate. A San Francisco physician remarks: "I have been repeatedly approached by them (apothecaries), and commissions ranging from from 30 to 75 per cent. have been offered; indeed, many druggists openly maintain that they can afford, and in fact, do give physicians all the receipts of the first prescriptions, contenting themselves with what they call 'the repeats.' * * * In order not to have patients go to another drug store, one druggist has envelopes which are given to the physician, who seals the prescription in the envelope; another apothecary has prescriptions telephoned to him directly from the doctor's office, and pays for the rental of the telephone. I had one patient tell me that his drug bill was larger than his physician's bill (of course, while under another physician's care)." A correspondent at Chicago, and another at Elgin, Ill., alludes to a practice of writing prescriptions in cipher, so that they can be understood and filled only at a particular store. The plain inference is that the prescriber and the druggist are leagued to fleece the unfortunate patient. This is no novelty, and

is probably known wherever "percentage" prescribing is done. A correspondent at Racine, Wis., writes: "It is a systematic way of robbing the public, and any society of medical men ought to denounce it, and refuse to affiliate with members who persist in the practice. I hope you will arouse a public feeling which will spread from Maine to California, and finally break up this robbery of the sick and unfortunate."

It is probable that the abominable system is as prevalent in San Francisco as in any city in the whole world, and it is an "open secret." There are now two druggists who announce their revolt from the system by conspicuous placards, one of which reads: "People's Drug Store; No Commission paid to Physicians on Prescriptions;" and another bears the legend: "No Percentage Drug Store." But this is not the sole wrong done the confiding patient. The "percentage doctor" is irresistibly impelled to order more medicine than his patient ought to swallow, so as to increase his gains. Some are known to prescribe gratuitously with great, apparent, liberality; but their benevolence is rewarded by the percentage on the bulky and baneful excess of drugs which the simple patient had to pay extortionate prices for. I say extortionate, for the druggist is sure to recover the doctor's commission by adding it to a fair price for the medicine, either then or on future occasions.

I am informed that percentages are given to physicians in all large towns of England, varying from 35 to 50 per cent., though it is not a general custom; also that the same is done by some druggists in Edinburgh. Advices relative to Berne, Switzerland, and Bucharest, Roumania, mention this dealing as "suspected."

The following cities and towns are reported free of "percentage" dealings: Alabama—Anniston, Montgomery. Arkansas—Fort Smith, Little Rock. California—Chico, Grass Valley, Livermore, Riverside, Santa Rosa, Woodland. Connecticut—Danbury, Hartford, Middletown. Delaware—Wilmington. Dakota—Sioux Falls. Georgia—Atlanta, Macon, Savannah. Illinois—Alton, Belleville, Bloomington, Cairo, Englewood, East St. Louis, Galesburg, Rockford. Indiana—Anderson, Crawfordsville, Elkhart, Frankfort, Kokomo, Laporte, Marion, Richmond, Vincennes, Washington. Iowa—Agency City, Burlington, Council Bluffs, Iowa City. Kansas—Atchison, Leavenworth, Salina. Kentucky—Bowling Green, Paducah. Maine—Auburn, Portland. Massachusetts—Lawrence, Lynn, Malden, New Bedford, Taunton. Mississippi—Greenville. Missouri—Carthage, Kansas City, Sedalia, St. Joseph. Montana—Helena. Nevada—Virginia City. New Hampshire—Portsmouth. New Jersey—Atlantic

City, Newark, Plainfield. New York—Binghamton, Geneva, Glenn Falls, Hornellsville, Hudson, Kingston, Middletown, Rome, Schenectady. North Carolina—Wilmington. Ohio—Columbus and Dayton (regulars), Marion, Portsmouth, Sandusky, Tiffin, Wooster. Oregon—Eugene City; Pennsylvania—Alleghany, Braddock, Carlisle, Curry, Easton, Hazleton, Parkersburg, Pittston, Pottsville, Reading, Steelton, Uniontown, Westchester. Rhode Island—Pawtucket, Newport. Tennessee—Knoxville. Texas—Austin, Gainsville, Galveston, Houston, Waco. Vermont—Brattleboro, Burlington. Virginia—Charleston, Danville, Lynchburg, Richmond, Roanoke. Washington—Spokane Falls. Wisconsin—Ashland, Madison, Plymouth, Waukesha. West Virginia—Wheeling.

To the above are to be added Kingston and Toronto, Province of Ontario; and it may be inferred that the Dominion of Canada is nearly or quite exempt. Advices from Berlin and Munich make it presumptive that Germany is free of the "percentage" business; and the same may be said of Holland, by a report pertaining to Leyden.

In the following cities and towns "society practice" is said to be unknown: Alabama—Anniston, Montgomery. Arkansas—Fort Smith, Hot Springs, Little Rock. California—Chico, Riverside, Santa Barbara. Colorado—Pueblo. Connecticut—Middletown. Delaware—Wilmington. Dakota—Sioux Falls. Georgia—Atlanta, Macon, Savannah. Illinois—Alton, Aurora, Bloomington, Cairo, Decatur, East St. Louis, Elgin, Galesburg, Ottawa, Rockford. Indiana—Crawfordsville, Elkhart, Fort Wayne, Frankford, Kokoma, Laporte, Marion, Richmond, Vincennes, Washington. Iowa—Agency City, Burlington, Council Bluffs, Des Moines, Iowa City. Kansas—Atchison, Emporia, Leavenworth, Ottawa, Salina, Wellington, Winfield. Kentucky—Bowling Green, Newport, Paducah. Maine—Auburn, Biddeford, Portland. Massachusetts—Lynn. Michigan—Kalamazoo, Muskegon, West Bay City. Minnesota—Minneapolis. Mississippi—Greenville. Missouri—Carthage, Hannibal, Kansas City, Sedalia. Montana—Helena. Nevada—Virginia City. New Hampshire—Portsmouth. New Jersey—Atlantic City, Newark. New York—Cahoes, Glen Falls, Hornellesville, Hudson, Middletown, Ogdensburg, Oswego, Poughkeepsie, Rome, Schenectady, Watertown; North Carolina—Wilmington. Ohio—Cleveland, Dayton (among regulars), Hamilton, Lancaster, Lima, Marion, Portsmouth, Sandusky, Wooster, Zanesville. Oregon—Eugene City. Pennsylvania—Alleghany, Braddock, Carlisle, Corry, Easton, Hazleton, Lancaster, Oil City, Parkersburg, Pittston, Pottsville, Reading, Steelton, Titusville, Uniontown, Westchester, Wilkesbarre. South

Carolina—Charleston. Tennessee—Knoxville. Texas—Austin, Gainsville, Houston, San Antonio, Waco. Vermont—Brattleboro, Burlington. Virginia—Charleston, Danville, Lynchburg, Richmond, Roanoke. West Virginia—Wheeling. Wisconsin—Ashland, Chippewa Falls, Plymouth, Waukesha. Wyoming—Cheyenne.

To the above I have the pleasure of adding Toronto, Province of Ontario, Canada.

The moral turpitude of this business, I do not hesitate to say, attaches more to the physician than to the apothecary, for the latter is half, often more than half, a tradesman; and if the strictures of Herbert Spencer, in his essay on the "Morals of Trade," fit a particular druggist, we little wonder. But the public have a right to expect better conduct of the educated members of a liberal profession. The druggists of San Francisco have taken the lead in setting two laudable examples of reform; and it is now the turn of the physicians to act. I shall not undertake to advise them how to proceed; but something ought to be done, both in the metropolis and in other towns of California, to abate a practice which is so common as to cast a cloud over the whole body of medical practitioners. What family now knows surely whether its medical adviser is or is not concerned in this traffic? What honorable physician would not be glad to stand clear of the color of suspicion?

Society Practice.

This system, to my knowledge, has existed in England for more than thirty years, flourishing under the appellation of "Friendly Associations," "Sick Clubs," "Provident Dispensaries," etc.; and America has probably borrowed it from the mother country. The subject has been discussed in English medical journals for many years, and has been justly regarded as a crying abuse. In the United States it dates back about twenty-five years, is now rapidly growing in the cities and large towns, and is gradually invading new territory. The following, from a practitioner in California, vividly describes the system as existing in England: "Having myself held society appointments and been physician to a Provident Dispensary, from which I used to derive half my income in England, I can speak *ex cathedra*. I used to make about \$3,000 a year from such appointments. The system is simply accursed all round; the doctor being worked to death and the patient being treated for symptoms only, as his physician hasn't time to make a diagnosis. The Provident Dispensary in England is intended to meet a great want; but, like other good things, it is much abused. Nobody earning more than 25 shillings a week is supposed

to belong to it. There is always a rule to this effect; and, in fact, in several places—*e.g.* in Pimlico, one of the districts of London, the Provident Dispensary had a sliding scale of fees to suit incomes of 25 to 50 shillings a week. * * * The Provident Dispensary is really intended to relieve such people; but the public seem to have no conscience when doctors' fees are concerned, and quite well-to-do people join such institutions in every place. Then, on the other hand, if the physician of such an institution is popular, and keeps clever assistants, he can starve his brother practitioners. * * * The Provident Dispensary system has had my life's blood, and I fled here to escape it. The working man of California is much too well off to descend to such meanness, I trust, as medical attendance at society rates."

A correspondent, residing in London, writes that the "dispensary" practitioner is often paid a fixed annual salary, ranging from £150 to £200, together with house, coal and gas, and without special reference to numbers entitled to his services. In London one-tenth or one-twelfth of the general practice is of this sort; in other English towns one-third. The number of practitioners engaged in this business is comparatively small, most of them being Scotchmen. In its early history there was an attempt on the part of medical men to oppose the business and make it disreputable; but this has died out, and the system is rapidly gaining ground. It is especially flourishing in the manufacturing districts of England and Scotland.

With reference to other foreign countries, I learn the following: At Leipsic and most other German cities, large numbers of working people are organized into the *Krankenkasse*, or "Sick Fund," and have the choice of relief at hospital or of attendance and medicine at home, together with an allowance of \$1.75 a week for maintenance. The physician receives 7½ cents for a visit to such patients, or 5 cents for office consultation. The poorest class are attended gratuitously by government physicians. In Switzerland there are no such voluntary associations, but government provides gratuitous medical relief to those who need it. In Holland young physicians take family practice among the poorer classes for 10 to 20 cents a week, according to size of family, medicines included, and collect weekly. In Roumania "society practice" is confined to the Jewish population. The contributions vary from 2 to 5 francs *per capita* annually.

At New Orleans the "society" system arose about twenty five years ago, and probably is more prevalent there than elsewhere in this coun-

try. One of my Louisiana correspondents informs me that he has retired from that city to the country, solely to escape "the daily contact with the things I loathe;" *i. e.*, society practice. There the societies are numbered by hundreds; and one practitioner may have the medical business of twenty or more. They take all they can get; and I am informed that one of the leading physicians there avowed, in his earlier experience, that he took all he could in order to keep them out of the hands of others—in other words, to starve out his rivals. The most debasing feature of this business is the degradation of professional character involved in the annual canvass for these positions; for in general they go to the lowest bidder, and the canvass is quite as eager as in political office seeking.

The over-work and under-pay of this system, as hardships to the medical man, have been sufficiently exhibited; and also the superficial character of the service which must needs be rendered. But these are not the only evils. The physician becomes the bondsman and common drudge of the society, whose pitiful wages command his attendance for the most trivial ailments. The hired servant must go or lose his place at the next election, and must bear with becoming humility the fault-finding of his ungrateful patients. On the other hand, it virtually denies to members the choice of medical attendant. The descendants of the early settlers of New England, who fled from the oppression of an established church, now, with strange inconsistency, voluntarily assume the yoke of an established medical relief. It is the proud boast of the model Republic, that every one here can choose his own religion, and physic his soul after his own fashion; but the "society" system takes charge of his body, and puts it down to the lowest bidder to be physicked. There is no reasonable doubt that most of these "societies" are organized for the chief, if not the sole object of cheapening medical services; and many well-to-do people are not ashamed to be found in their ranks.

I am informed that in one of our prosperous California cities, persons who enjoy an income of more than \$1,000 a month are base enough to take such "society" benefits, thus pauperizing themselves, and impoverishing their doctor. They are styled "Benevolent Associations," but the benevolence is extracted from the medical profession by superior *finesse*. Wage-workers in all the handicrafts successfully organize for the common good—especially to prevent reduction of their earnings; but hitherto physicians have made a conspicuous failure in their attempts to combine for mutual protection. At New Orleans want of success was attributable to attempting too much at the beginning, and to the refusal of a very few

to coöperate. These few made an abundant harvest of the "societies" abandoned in the enthusiasm of reform. At San Francisco there has been no rebellion among "society" doctors. At New York there has recently been organized the "Medical Practitioners' Association of New York City," whose objects are: (1) To abolish, at such time as the Association may decide, in accordance with the laws hereafter enacted, medical attendance to members, or their families or both; of clubs, including lodges and societies of any kind, paying the medical attendant a stipulated fee per member, or stipulated amount *per annum* by contract. (2) To elevate the professional standing of its members. (3) To eradicate charlatanism. This organization has 75 members out of a total of about 3,000 practitioners. Obviously it would now be premature to predict its future, but the inherent incapacity of physicians to organize in large numbers for a simple business purpose makes the outlook highly unpromising.

To be plain and candid, I hope for relief only in a natural reaction among the class of people who compose these societies. The inevitable result will be gradual, if not rapid, deterioration in the quality of service rendered by "society" doctors, until in time its value will approximate to its cost. Then people will begin to wake up to the discovery that "cheap and nasty" service is poor economy in the face of disease and death. Inasmuch as the practice is evidently spreading, like a contagious disease, it seems likely that all our cities and towns must suffer an attack of greater or less severity; and it is to be hoped that one experience may suffice for at least an average generation. Most likely the malady next time will take new shape under a different name.

In a somewhat less objectionable form the contract system is in vogue among mining and manufacturing companies in many places. Thus, at Evansville, Indiana, mining companies employ physicians at an annual salary for their employees. At Kokomo, Indiana, the Diamond Plate Glass Company employs a contract physician. Married men contribute a dollar a month, and single men fifty cents. At Kansas City, Mo., several large manufacturing companies pay about two-thirds regular fees; others unknown salaries. At Elmira, N. Y., mill and mining firms supply medical service to their employees at reduced rates, they being charged with the cost. At Cleveland, Ohio, and Minneapolis, Minn., corporations employ contract physicians extensively. At Braddock, Pa., the steel works employ four physicians for \$800 *per annum* to do practice worth four times as much. The phosphate companies in malarious regions

of South Carolina employ physicians to make weekly visits to their negro employees at so much *per capita*. In the coke regions of Pennsylvania physicians form lists of workmen at a dollar a month for married men with families, and seventy-five cents for single men. Obstetrical cases are charged five dollars. Surgical cases are at the expense of the corporations. It has become customary for hospitals in charge of the Sisters of Charity in Wisconsin, Oregon and Washington, to sell annual tickets for ten dollars, entitling the holder to treatment and maintenance at the hospital. The customers are mostly men working in saw mills and in logging camps. These variations of contract business are less degrading to medical men than the societies before mentioned, but they are open to the serious objection of virtually denying the privilege of choosing one's physician.

I have not space enough here to dwell upon various devices for advertising and gaining notoriety brought to my notice by correspondents at several of the smaller cities and towns. They could be dealt with by the Code of Ethics, provided the perpetrators be members of a medical society; but these sharpers keep clear of such restrictions, at the same time contriving to be inside of the Penal Code of their respective States. At this date the most dangerous and troublesome offenders are licensed and regularly educated physicians. Unfortunately, a medical education does not correct such a moral malformation or arrest of development as congenital absence of conscience, though it undoubtedly encourages the growth of this faculty when present. Besides, the newspapers encourage a practice that contributes so liberally to their gains, and affects to believe that medical knowledge is as legitimate a subject for public boasting as the excellence of a horse, the quality of groceries, or the attractions of popular amusements; and it must be added that a large share of the public fail to comprehend why physicians must cultivate reputation, and uproot notoriety as a noxious weed. The same persons who understand that their wives, sisters and daughters must eschew gaudy dress and forward manners because these are the signs of harlots, wonder why regular physicians must abstain from advertising, which is the badge of quacks. The Medical College Faculty Organization, as a mode of publishing the names of a list of professors, while supplying an imaginary want of educational facilities, is an old device and does not require notice. But here is something new from a Chicago correspondent: "Possibly you know of an aggregation of regular physicians here, which bids fair to outdo all the societies in contract work. The so-called benevolent scheme is to get

needy young physicians to do the work, while the money goes into the pockets of their seniors, who are more adept in politics (medical and otherwise) than in the legitimate practice of their profession." I suppose that this ought to be called a "medical trust," and, like other "trusts," is something to be distrusted by plain, honest folk. This is an American variation of the English method already mentioned, by which the dispensary doctor employs young assistants at beggarly salaries, while he attends to the business management.

It has recently been said of us that, in no country, perhaps, has charlatanism, licensed and unlicensed, been more rampant, and yet in no country are the best men—the men who love medicine as an honorable profession surely based on the certainties of Science—more certainly winning the day. Of the stars of the brilliant galaxy of names that adorn the pages of the history of medicine, think you there is one deserving the name of physician, or who stands out as a beacon light for the guidance of his less favored brethren, who has ever been guilty of the reprehensible practices under consideration? Surely not one. Yet I believe with Dr. Loomis that in the near future the medical profession will play even a larger part in the public life of the country, and any one who has watched the growth of a healthy professional spirit in America during the past decade must be persuaded of the truth of the prophecy.

But it is a common complaint among physicians that the medical profession is held in low esteem by the public, and some of my correspondents make this an excuse for their own shortcomings. This way of getting even is bad policy and bad morality. We share the common lot. To be respected we must be respectable, and self-respect is the foundation. He who barter his self-esteem and his good name for pelf is in worse plight than he of whom the great dramatist wrote:

"Who steals my purse, steals trash: 'tis something, nothing;
'Twas mine, 'tis his, and has been slave to thousands;
But he that filches from me my good name,
Robs me of that, which not enriches him,
And makes me poor indeed."

Table B.—Society Practice.

CITY.	Is it customary for so-called Benevolent Societies to employ physicians by the year?	Is the compensation usually a fixed salary, or according to service rendered?	If the latter, what are the usual fees?	If by salary, how much is usually paid for each member annually?	Are the families of members included in medical benefits.	On the salary plan, please give an estimate of the average amount realized for each visit and office prescription.	Are midwifery and surgical cases included in "Society" rates?	Do "Society" physicians usually, or ever, provide medicines at agreed rates?	What fraction of the general practice of your city do you suppose is included in these Societies?	What fraction of your practitioners do you suppose is engaged in this business?	Has your local Medical Society or any body of practitioners taken any action in this matter?	If so, in what way? With what success?	Is this kind of business increasing or diminishing in your city?
Birmingham Ala.	Recently	Service	\$1 to \$2 a visit	Unknown	Yes	Unknown	No	Unknown	Very small	Possibly one-tenth	Yes	{ No way of preventing exclusion from fellowship. }	Increasing.
Mobile	Only one case	Salary of \$1,200.		Unknown	Probably	Unknown	Unknown	Probably not	Very small	Very small	Yes		Increasing.
Alameda Cal.	Somewhat	Salary		\$1.50 to \$3.00	In some	Not more than 25 cents.	1. Yes	Yes	Unknown	About one-fifth	No		Increasing.
Grass Valley	Somewhat	Salary		\$2.50	No	Unknown	1. Reduced rates	Yes	About one-twelfth	One-half	Is none		Increasing.
Livermore	Yes	Salary		\$3.00	Not stated	No answer	No	No answer	No answer	No answer	No answer		Stationary.
Los Angeles	French and Italians; yes	Usually salary		Unknown	Not as a rule	Unknown	No	Unknown	Perhaps 3-100ths	Very few	No		Increasing.
Marysville	Foresters' Society	Salary		\$1.00	No	Probably less than 25 cents	1. No. 2. Yes	No	5-100ths or less	One individual	No		Stationary.
Oakland	Yes; Irish and Jewish	Salary		\$3.00	In some cases	1. 50 cents. 2. Nothing	No	No	Unknown	1-20th to 1-15th	No		Increasing.
Sacramento	Yes; Foresters and Chosen Fr.	Salary		\$3.00	Generally not	Estimated 10 cents to \$1.	No	Yes	Variously est'd 1/2 to 1/4	About 1-7th; irregulars	Yes		Increasing.
San Diego	Yes; to some extent	Usually fixed salary	\$1 and upward	\$1.00 to \$3.00	Usually not	10 to 50 cents	1. No. 2. Yes	No	Very small	No regulars	No	By resol'n; success doubtful	Increasing.
San Francisco	Exceedingly	Usually by salary	Half usual rates	Not stated	Generally	Less than half rates.	Usually	Rarely	Variously est'd 5 to 80 per ct.	Variously est'd 5 to 16 per ct.	Yes	1. Resolution. 2. None	Increasing.
San Jose	Yes	According to service	One-third usual rates.		Usually		Yes	Usually not	One-fifth	One only of the Med. Soc.	No		Diminishing.
Santa Rosa	Yes	One or two societies		\$2.00	Believe so	Unknown	No	Ans. conflicting	1-200ths	2 out of 25	No		Not increasing.
Stockton	Somewhat	Both	\$1 a visit	\$2.00	No	25 cents	No	Unknown	About one-tenth	No regular physician	No		Not increasing.
Woodland	Yes	Mostly salary	Half rates	Smelters pay \$12	No	Uncertain	No	Yes	Very small	Very small	No		Increasing.
Denver	Yes	Both	One-fourth usual rates	About \$1.25	No	1/4 to 1/2 usual rates	1. No	No	One-twentieth	One-tenth	Yes	Discus'n exc'd too much opp.	Increasing.
Bridgeport Conn.	Yes	Usually salary		Unknown	Usually not	Less than 1/4 usual rates	1. No. 2. Unk'n.	Yes	50 per cent	About one-third	No		Increasing.
Danbury	Yes	Salary		\$2.00 to \$3.00	Yes	Married men, \$12; single, \$6.	2. Yes	No	2 to 5 per cent	About 10 per cent	No		Increasing.
Hartford	Among quarrymen	Unknown	Unknown	Unknown	Unknown	Less than 50 cents	Unknown	Unknown	Not stated	Not stated	No		Not stated.
St. Louis Falls Dakota	Among Negroes	Service	Unknown	Unknown	Unknown	Visit 15 cents; prescrip. 7 cents	1. No. 2. Yes	Unknown	Very small	Unknown	No		Not stated.
Columbus Ga.	Somewhat	Usually salary	Visit, \$1; prescription, 50c.	\$1.00 to \$2.00	Usually not	Not stated	No	Homeopaths only	About 75 per cent	About 75 per cent	Yes	Fee bill fixed	Increasing.
Belleville Ill.	Yes	Salary		\$2 with family; \$1 without	Sometimes	Not stated	No	No	Very small	Very small	No		Not increasing.
Chicago	Limited	Salary		Answer not clear	Sometimes	Answer not clear	Sometimes	Yes	About 1 in 120	Only two physicians	No		Stationary.
Englewood	Somewhat	Both	Half rates	Not stated	Yes	Very small	No	Yes	25 per cent	10 per cent	No		Increasing.
Anderson Ind.	Yes	Service	Unknown	Not stated	No	Very small	Not stated	No	Very small	Very small	No		Not increasing.
Indianapolis	Colored Lodges only	Salary	Two-thirds	Unknown	Unknown	10c. or less to 15c; occas'y more.	Not stated	Yes	About 20 per cent	About 25 per cent	No		Stationary.
Jeffersonville	Yes; foreigners	Service	Half rates	Unknown	Yes	Answer indefinite	1. Some'ts. 2. Alw	Hom. yes; Reg. no.	Reports vary, 1/2 to 2/3	About two-thirds	Twice	Concerted action vainly att'd	Increasing.
Logansport	Somewhat	Unknown		\$1.00 to \$3.00	Sometimes	Uncertain	1. No. 2. Yes.	No	One-fiftieth to one-tenth	1 to 25 per cent	No	Investigation; no action	Increasing.
Cedar Rapids	Exceedingly	Whites, salary; col'd service		\$1.00 to \$3.00	No	Uncertain	1. No. 2. Yes.	No	One-fortieth	20 per cent	Yes	Discussion; no action	Increasing.
Lexington Ky.	Yes	Salary only		\$1.00	No	Very small	1. No. 2. Yes.	No	About one-fortieth	20 per cent	Yes		Increasing.
New Orleans La.	Yes	Salary	Answer not clear	\$1.00 or less	No	Visit 50 cents.	1. No. 2. Yes.	Sometimes	Answer not clear	Answer not clear	No		Stationary.
Boston Mass.	Yes	Unknown	Not stated	Unknown	No	Unknown	No	Unknown	Small	About one-fourth	No		Increasing.
Lawrence	Yes	Both	Visit, \$1; prescription, 50c.	50 cents to \$3.00	Generally not	About 50 cents	1. No. 2. Yes.	Sometimes	Very small	Possibly one-fiftieth	No		Diminishing.
Lynn	Yes	Unknown	Visit, \$1	Unknown	Yes	Unknown	Unknown	Unknown	Very small	Only one M. D.	No		Increasing.
Malden	Somewhat	Service		Unknown	Unknown	Unknown	Unknown	No	About one-twentieth	Very small	No		Not stated.
New Bedford	Yes	Salary	Half rates	\$1.00	No	Unknown	Not stated	Unknown	Not stated	Not stated	No		Stationary.
Taunton	Yes	Both	Visit, \$1; prescription, 50c.	50 cents to \$3.00	Generally not	About 50 cents	1. No. 2. Yes.	Sometimes	Very small	Very small	No		Increasing.
Waltham	St. George Society only	Unknown	Visit, \$1	Unknown	Yes	Unknown	Unknown	Unknown	About one-twentieth	No respectable one	No		Not stated.
Detroit Mich.	Foresters only	Service		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	1 in 50	No		Stationary.
Grand Rapids	One only	Salary	Half rates	\$1.00	No	Unknown	Not stated	Not stated	Not stated	Not stated	No		Diminishing.
Saginaw	Yes	Service		\$1.00	Sometimes	25 to 50 cents.	No	No	About one-twentieth	About one-eighth	No		Diminishing.
Brainard	Somewhat	Salary	Half rates	Not stated	Not stated	Not stated.	No	Not stated	Very small	Only one	No		Not increasing.
Minneapolis	St. Paul	Service		Not stated	Not stated	Visit \$1.00; prescription gratis.	Yes	No	Not stated.	1 in 10	No		Increasing.
Nevada	Somewhat	Service		Not stated	Unknown	15 to 30 cents.	No	Sometimes	15-100ths	5 or 6 per cent.	No		Increasing.
St. Joseph	Yes	Salary		\$1.00 to \$2.00	Sometimes	Unknown	No	Yes	Not stated.	6 of 20	No		Increasing.
St. Louis	Yes	Service	Visit, \$1	\$3.00 to \$5.00	Unknown	Answer indefinite	1. No. 2. Yes.	Yes	One-twentieth or more	5 per cent	No		Increasing.
Grand Island City Neb.	Yes	Both	Half rates	\$1.00	No	About 17 cents	1. No. 2. Yes.	Unknown	One-seventieth	5 per cent	No		Increasing.
Manchester N. H.	Somewhat	Salary		\$15.00	Yes	Answer not clear	No	Sometimes	Very small	Very small	No		Increasing.
Nashua	Somewhat	Both	Visit, 50 cents	About \$1.00	Sometimes	About 10 cents	1. Unkn. 2. Yes.	No	About 1-100th	2 or 3 per cent	Yes	Cited for trial; result unsat'y	Diminishing.
Camden N. J.	Limited	Salary		About \$1.00	No	25 to 50 cents.	1. No. 2. Yes.	Yes	Unknown	Perhaps one-fourth	No		Increasing.
Newark	Yes	Salary		\$1.00 to \$2.00	No	Not stated	No	Yes	About 6-100ths.	4 in 52	Yes		Increasing.
Paterson	Only one	Unknown	Unknown	Unknown	Unknown	Not stated	Not stated	Not stated.	Less than one-fiftieth	Only one	Yes	Forbidden	Increasing.
Plainfield	Yes	Salary		\$5.00 to \$6.00	No	25 cents and upwards.	1. No. 2. Yes.	No	Very small	Very few	No	Discourtenanced	Increasing.
Trenton	Yes	Salary		\$1.00 to \$2.00	Generally not	No answer	No	Sometimes	Unknown	Perhaps 20 per cent	No		Increasing.
Albuquerque N. M.	Yes	Mostly salary		50 cents	No	3 or 4 cents	1. No. 2. Yes.	No	Very small	About 2-100ths.	No		Ans. conflicting.
Brooklyn N. Y.	Yes	Service	Visit, \$1; prescription, 50c.	Unknown	Yes	Unknown	No	Yes	One-fourth	About 2 per cent	No		Increasing.
Buffalo	Yes	Salary		Unknown	Yes	Unknown	No	Not stated.	Unknown	About 25 per cent	No		Increasing.
Geneva	Yes	Service	Not stated	\$1; usually more for families	Generally	Visit about 4c; presc'p. about 10c.	1. No. 2. Always	Often	About one-tenth	About 10 per cent	No	Soc. of 75 mem. pl'g'd to abs.	Increasing.
Jamestown	Yes	Salary		Unknown	No	Unknown	No	By irregulars.	1/2 whole city; 1/8 bel. 14th st.	1000 of 3000	Yes		Increas'g largely.
Kingston	Yes	Salary		About \$12	Reduced fees.	Unknown	1. No. 2. Yes.	Unknown	Unknown	Unknown	No		Diminishing.
New York	Limited	Salary		\$1.00 to \$2.00	Sometimes	Answers vary; 5 to 25 cents.	Sometimes	Sometimes	About one-sixteenth	About 2 per cent	No		Increasing.
Cincinnati	Chiefly German	Salary		\$2.00 to \$4.00	No	About 25 to 30 cents.	No	Usually	Perhaps 1-500ths	About 5 per cent	No		Increasing.
Cleveland	Yes	Other particulars unknown		Not stated	Answer not clear	Visit 25 cents; prescrip. gratis.	No	No	Not stated.	Three M. D.s only	Yes		Increasing.
Columbus	Limited	Salary		Not stated	Unknown	Answer not clear	No	Yes	Not stated.	One or two M. D.s	No		Increasing.
Delaware	Yes	Both	Not stated	Not stated	Unknown	Not stated	No	No	Not over one-tenth	One or two M. D.s	Yes	Resolutions; no effect	Increasing.
Mansfield	Yes	Salary		Unknown	Unknown	Not stated	No	No	Very small	Not one-tenth.	No		Not increasing.
Tiffin	One or two only	Salary		\$1.00	No	Unknown	1. No. 2. Yes.	No	Very small	Perhaps 4 or 5 per cent.	No		Stationary.
Toledo	Yes	Salary		About \$1.00	No	No answer	No	No	No answer	3 or 4 per cent	No		Increasing.
East Portland	Yes	Salary		\$3.00	St. Geo. yes; Fores. no.	25 to 50 cents.	No	Yes	Very small	Very few	No		Increasing.
Portland	Yes	Service	Reduced rates	50 cents to \$1.00	No	Unknown	Yes	No answer	Very small	Very few	No		No answer.
Allegheny	Yes	Service	Visit, \$1		No	Not stated	No	No	Very small	Unknown	No		Unknown.
Carbondale	Yes	Salary		Not stated	Yes	1 to 50 cents	1. No. 2. Yes.	Yes	Unknown	Perhaps 10 per cent	Unknown	{ Agreed to form no new contracts; expect good results. }	Increasing.
Danville	Yes	Both	Visit, 50 cents to \$1	About \$1.25	No	6 cents and upwards	1. No. 2. Yes.	Generally	About one-fiftieth	About one-third	Yes		Stationary.
Newcastle	Yes	Salary		\$1.00 to \$2.00	Sometimes	Visit 50 cents; prescrip. 25 cents.	Varies	Sometimes	Very small	Small	No		Increasing.
Philadelphia	Yes	Salary		\$2.00 and upwards.	No	No answer	No	No	Very small	Very small	No		Not increasing.
Pittsburg	Limited	Salary		\$1.50	No	Not exceeding 50 cents	1. No. 2. Yes.	No	Very small	About one-fourth	No		Stationary.
Scranton	Mostly foreigners	Salary		\$1.50 to \$2.00	No	Not exceeding 50 cents	1. No. 2. Yes.	No	One-twentieth to one-tenth	One-eighth to one-sixth	No		Existed 3 or 4 yrs.
Newport R. I.	Limited to four	Salary		Unknown	No	1/2 usual rates	No	No	One-fiftieth	15 of 250	No		Not increasing.
Pawtucket	Yes	Salary mostly	Half rates	Not above \$6.00	Usually not	Unknown	1. No. 2. Yes.	No	Very small	One M. D. only	No		Diminishing.
Providence	Yes	Salary		\$2.00	Usually not	Unknown	No	Yes	Very small	One M. D. only	No		Diminishing.
Galveston Texas	Yes	Salary		\$3.00	Sometimes	No answer	No	No	One-tenth	10 per cent	No		Increasing.
Rutland Vt.	One society only	Salary		\$2.00 to \$5.00	No	No answer	No	No answer	No answer	4 per cent	No		Stationary.
Seattle Wash.	Railroad Society only	Salary		\$2.50 to \$5.00	At \$10 to \$12	Visit 50 cents.	No	Unknown	One-twentieth	10 per cent	No		Increasing.
Spokane Falls	Yes	Salary		\$1.00	No	No answer	No answer	No	Answer not clear	5 per cent	No		Stationary.
Tacoma	Yes	Salary		\$1.25 to \$12.00	No	Unknown	No	Sometimes	1-200th	1 per cent	No		Diminishing.
Madison Wis.	Yes	Salary		75 cents to \$1.00	No	Visit 25 to 50 cents.	No	No	One-fifth	About one-half	No		Increasing.
Milwaukee	Yes	Salary											
Racine	Yes	Salary											
Aberdeen Scotland	Yes	Salary		\$1.00 to \$1.50	Yes	2 to 4 cents	1. No. 2. Yes	Yes	70-100ths	95 per cent			Increasing.
Edinburgh	Yes	Salary generally		\$1.00 to \$5.00	No	25 to 30 cents	1. No. 2. Yes	Yes	10 per cent, laboring class	All gen. pract'rs who can			Increasing.
Kingston Canada	Yes	Salary		\$1.00	No	No answer	1. No. 2. Yes	Yes	1/2 mechanics	One-fifth or one-sixth			Increasing.

